

STANDARD: **Mandatory Referral Of Children, Birth To 3, for Infant Toddler Program (ITP) Services On All Child Abuse and Neglect Reports Dispositioned As Substantiated**

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding the referral of children, birth to 3, for Infant Toddler Program (ITP) services, for all reports of child abuse and neglect dispositioned as substantiated. CFS standards are intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all applicable laws, rules, and policies. Standards will also provide a measurement for program accountability.

INTRODUCTION

The provision of early intervention services supports the Department's mission to promote and protect the health and safety of Idahoans. A key component of the promotion of the health and safety of Idahoans is the provision of services to ensure the healthy growth and development of all children. Research tells us that infants and toddlers raised in homes where abuse and neglect are present are at a significantly greater risk of developmental delays than children raised in homes without abuse and neglect.

Given that finding, on June 25, 2004, amendments were made to the Child Abuse and Protection and Treatment Act (CAPTA, Public Law 108-36, Sec. 114, 1, xxi). Under these amendments each state is required to develop procedures for the referral of every child under the age of 3 years who is a victim of substantiated child abuse or neglect to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA).

IDHW is the lead agency and the Infant Toddler Program (ITP) is the lead program for children birth to three years old that qualify for early intervention services under federal education law (Part C of IDEA). From that lead position, the ITP coordinates a comprehensive, interagency, multi-disciplinary system that enables eligible children with developmental delays and their families to receive needed services and supports in a timely manner.

Coming from a family-centered practice approach, both Children and Family Services and the Infant Toddler Program are committed to involvement of parents and other caregivers in services to the maximum extent to which they are able, interested, motivated or legally required to participate.

STANDARD

This standard outlines the procedures for referral by CFS to the Idaho Infant Toddler Program of every child, birth to three years of age, who is a victim of a substantiated report of child abuse or neglect.

The Infant Toddler Program is, by law, a voluntary program and has very specific regulations on who may consent for services and how frequently those consents must be obtained. Families involved with Children and Family Services may be under court-ordered case plans that can complicate the issues around consent for services. This standard covers referral procedures in both non-court and court-involved cases as well as who can and cannot consent for ITP services.

In all cases, consent for services from a child's parents must be diligently sought. It is only in rare and in very specific circumstances that consent can be given by someone other than the child's parent(s).

DEFINITIONS

(1) Acting as the Parent

Someone "acting as a parent" for purposes of consent to ITP services are limited to the following circumstances:

WHEN ---Child is in the custody or guardianship of the Department **AND** Child's parents are deceased, permanently absent or their parental rights have been terminated.

WHO ---The child's resource (foster or adoptive) parent may "act as a parent" for purposes of consent to early intervention services if, and only if, they meet following qualifications:

- Has an ongoing, long term parental relationship with the child, **and**
- Is willing to make decisions required of parents under this act, **and**
- Has no interest that would conflict with the interests of the child.

If the resource parent meets the above qualifications, they may "act as a parent" and no surrogate is necessary. If the resource parent does not meet the qualifications, ITP must move to appoint a surrogate

NOTE ---For children not in the Department's custody or guardianship who are living at home with a primary caretaker other than a parent (i.e. grandmother, aunt and uncle) that primary caretaker may consent to Early Intervention Services "acting as a parent."

(2) Consent for Assessment and Treatment

The consent form to be signed by any parent(s) whose child is in the Department's custody and is placed in foster care. This signed consent gives the Department the ability to access certain services on behalf of a child when parent(s) are unable to

be located at the time services are needed. This consent replaces the Medical/Surgical Consent (HW0295) previously in use.

If this form is used in the parents' absence to complete evaluations or develop an IFSP, when the parents are located, they will be asked to consent to the specific evaluations or services in the Individualized Family Services Plan (IFSP) which was developed around the needs of their child during their absence.

(3) Court case

Case in which a magistrate judge has jurisdiction over a child protection matter. There are two types of court cases: (1) Child is placed into the **protective custody** of the Department and lives in an out-of-home placement such as family foster care, group home or institution; (2) Child is under the **protective supervision** of the Department and resides in their own home with Department and court oversight.

(4) Disposition

All reports of child abuse and neglect are prioritized for how quickly a worker must respond and make contact with the child/family. After a safety assessment is completed, the worker makes a decision as to whether or not the allegations are true or untrue based on the information they have gathered during their assessment. The report is then dispositioned as **Substantiated** (allegations of abuse/neglect are determined to be valid, supported by a confession, worker eyewitness or confirming evidence) or **Unsubstantiated** (allegations of abuse/neglect are determined to be invalid or there is inadequate information to determine whether the allegations are valid or not).

(5) Early Intervention Services

According to 34 CFR, Sec. 303.12, early intervention services means services that:

- Are designed to meet the developmental needs of each child who is eligible under the state definition of eligibility for Part C of IDEA and the needs of the family related to enhancing the child's development;
- Are selected in collaboration with the parents;
- Are provided under public agency supervision, by qualified personnel, in conformity with an individualized family service plan, and at no cost unless subject to fees according to a sliding fee schedule; and
- Meet State standards.

(6) Need to Know

When different Department programs have a common client, staff may share information on a "Need to Know" basis according to Department rules. What can be provided is information about the child and family to enable other program staff to effectively work with the common client. Information shared outside the Department will require a Release of Information signed by the family.

(7) Parental Consent

Federally required written permission given by a parent or someone qualified to act “as a parent” to gain access to ITP services, both assessment and specific treatment services.

(8) Surrogate Parent

An individual who is appointed by the ITP to consent for early intervention services when a parent has retained their parental rights but (1) has not signed a Consent for Assessment and Treatment and (2) is not able to be located at the time despite diligent efforts to do so.

To be appointed, a surrogate parent must meet the following qualifications:

- Have no interest that conflicts with the interests of the child; **and**
- Not be an employee of any state agency; **and**
- Not be employed by a public or private agency which provides early intervention services to the child or to any family members of the child.

A child’s resource parent(s) may be appointed as a surrogate if they meet the above qualifications. ITP processes appointments of surrogates. The need to appoint a surrogate should be discussed with the child’s CFS worker as they may have input on who might best be appointed as a surrogate.

PROCEDURES FOR REFERRAL TO ITP

Referrals for evaluation and determination of eligibility for early intervention services may be made at any time by a community provider such as a physician, health care professional, Parents as Teachers, Early Head Start, child protection, or other community programs working to serve children and their families.

TYPES of CFS CASES and REFERRAL REQUIREMENTS (see following flowchart)

No CFS Case Opened. These situations involving suspected developmental delays in children 0-36 months may come to CFS attention as a result of an I&R or an unsubstantiated report. Because there is no substantiated report, a referral to ITP is not required. What is required is that the CFS worker give the parent or referent information about the ITP. Packets of referral information are available from regional CFS offices.

CFS worker responsibilities:

- When a CFS worker becomes aware of a child age 0-36 months who may have developmental issues or delays, the CFS worker will give the parent or referent information about the Infant Toddler Program and document the action in FOCUS. (flowchart - column I, box 2). No further CFS action is required.

ITP worker responsibilities:

- Parents may or may not contact ITP about services. If not contacted by parents, ITP is not required to take any further action (**flowchart - column I, box 3**).

Substantiated Report and No Case Opened. When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS risk assessment worker responsibilities:

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law (**flowchart - column III, box 2**);
- Complete the Referral/Application form with the family when possible. The form can be found at the end of this standard. The referral portion must be submitted to ITP within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column III, box 3**);
- If you only complete the referral, the consent portion at the bottom of the form will need to be completed by the ITP worker when they meet with the family;
- The Referral/Application form can also be found in the parent ITP information packets.
- Document actions in FOCUS (**flowchart - column III, box 3**);
- No further CFS action required at this time. CFS worker may ask ITP to advise them of whether or not the family is able to be located and engaged.
- If this matter comes to CFS's attention at a future date, ITP will be contacted regarding the family's follow through with services.

ITP worker responsibilities:

- ITP worker makes diligent efforts to locate child/parent to initiate an evaluation (**flowchart – column III, box 4**);
- If unable to locate or engage with parent, the ITP worker will document the efforts for future reference (**flowchart – column III, box 5**).
- If evaluation(s) are conducted and child meets ITP eligibility criteria, an Individualized Family Services Plan (IFSP) will be developed.

Substantiated Report with Open Case (no court) When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS worker responsibilities (substantiated, open case, no court)

- Inform the child's family that a referral to the Infant Toddler Program is required by federal law (**flowchart - column II, box 2**); and

- Complete and submit a written referral form to the Infant Toddler Program within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column II, box 2**); and
- Assist the family in completed an application for early intervention services (**flowchart - column II, box 2**); and
- If the ITP intake results indicate the child is eligible for services, the CFS worker may participate in the IFSP development and will assure that the child's needs are included in the CFS service plan (**flowchart - column II, box 4**); and
- Involve the family in service planning; and
- Monitor and evaluate family's follow through with their plan (**flowchart - column II, box 7**); and
- Document attempts to engage family and their participation in services (**flowchart – column II, box 7**); and
- Periodic exchange of information with ITP regarding progress is required (**flowchart - column II, box 8**); and
- When closure appears to be appropriate, complete reassessment of risk, staff case with family and ITP for closure. Family may choose to continue ITP services without CFS involvement. There is no need to continue an open case with CFS in order for child to receive ITP services; and
- Close case and report closure to ITP.

ITP worker responsibilities:

- Make diligent efforts to locate family from information contained in CFS referral. Typically this would involve 3 attempts to contact, including one of them in writing. If, after 1 or 2 contacts, the ITP worker is unable to locate the family, check back with CFS worker to determine if family residence has changed or if parents will be coming to the office for a visit or other meeting and then complete attempts to contact (**flowchart – column II, box 3**); and
- If efforts to contact/engage are unsuccessful, please report this to CFS case manager (**flowchart – column II, box 7**); and
- If efforts are successful, complete an intake with the child/family. Information from the CFS worker and the parent or caregiver will be used in the evaluation process.
- Appropriate assessment tools will be used to evaluate the child's developmental status. This includes screening or evaluation of social/emotional functioning and behavioral aspects of the child's development; and
- Evaluation results will be presented to the Infant Toddler Program's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA; and
- **If child is found not eligible** for services through the Infant Toddler Program, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in the way of age appropriate

developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers; and

- **If child is found eligible** for services, develop IFSP with family; and
- CFS worker may be included in development of IFSP, if not, communicate content of IFSP to the CFS worker so that the child's needs and services may be reflected in the CFS service plan; and
- Periodic exchange of information, at least every 6 months, with CFS regarding family's participation and progress. Regular contact should be included in the service coordination objectives (**flowchart - column II, box 8**);
- Document parental participation and child's progress; and
- ITP services may continue beyond the involvement of CFS, or if the child meets developmental goals, may be terminated prior to closure of the CFS case.

Substantiated Report with Open Court Case (either Protective Custody or Protective Supervision). When a report of child abuse or neglect is dispositioned in FOCUS as substantiated on a child birth to 36 months, the CFS risk assessment worker will make a referral directly to the Idaho Infant Toddler Program within **two working days of entry of the disposition.** The referral will be made to determine the need for services through Idaho's early intervention system.

CFS worker responsibilities (substantiated, open, court case)

- **(with protective custody)** Parent or legal guardian should sign Consent to Assessment and Treatment form which allows specific services including ITP to be provided when/if the parent is unavailable to consent for a specific service at the time it is needed (**flowchart - column II, box 1**).
- Inform the child's family that a referral to the Infant Toddler Program is required by federal law whenever a report is substantiated (**flowchart - column II, box 2**); and
- Complete and submit a written referral form to the Infant Toddler Program within **2 working days** of entering a substantiated disposition into FOCUS (**flowchart - column II, box 2**); and
- Assist the family to complete an application, including consent (included on Referral/Application for ITP services) for early intervention services when necessary. (**flowchart - column II, box 2**); and
- Provide any relevant information (i.e. address, phone number) or updates to the Infant Toddler Program to minimize the number of times parent(s) must give the same information to different staff; and
- Assist the ITP worker in locating parents when/if it becomes difficult (**flowchart - column II, box 3**); and
- Following ITP intake and assessment, if child is found eligible for early intervention services, CFS worker is to attend and involve family in the development of the Individualized Family Services Plan (IFSP); and
- The services in the IFSP will be reflected in the family's CFS service plan (case plan). The service plan is submitted to the court for approval. The service plan is one of the primary ways that the court is informed of the child's needs; and

- The CFS worker will attend an IFSP staffing at least once every six months. If either program needs the advice of the MDT more frequently in order to better monitor the service plan and report to the court, he/she should contact the child's ITP service coordinator to set up a meeting; and
- It is appropriate and permissible for the CFS worker to share with the ITP MDT what progress is being made by the parents, especially as it relates to any of the child's developmental needs and family reunification; and.
- When ITP services are in the court ordered plan and the parent(s) refuses to follow through, CFS worker will inform the court of parental non-compliance. (**flowchart – column II, box 6**); and
- Ongoing communication between CFS and ITP is imperative (**flowchart – column II, box 8**).

ITP worker responsibilities:

- Make diligent efforts to locate and engage family in ITP intake and assessment through 3 attempts to contact, one of them in writing (**flowchart – column II, box 3**); and
- If unable to locate the family, contact CFS worker and develop a plan for moving ahead with the intake/assessment (**flowchart - column II, box 6**); and
- Complete an intake. Information from the CFS worker and the parent or caregiver will be used in the evaluation process. Appropriate assessment tools will be used to evaluate the child's developmental status. This includes screening or evaluation social/emotional functioning and behavioral aspects of the child's development; and
- Evaluation results will be presented to the Infant Toddler Program's multi-disciplinary team (which includes the primary referral source (CFS) and other appropriate partners) for eligibility determination as defined by Part C of IDEA; and
- **If child is found not eligible** for services through the Infant Toddler Program, community referral information will be provided to the family for other programs/services to meet the needs of the child and family. Each ineligible child will be referred for Developmental Monitoring with the use of the Ages and Stages Questionnaires. This gives the child's family the opportunity to track the child's development and know what to expect in age appropriate developmental milestones. Other referrals may include: Early Head Start, Parents as Teachers, private agency/therapist, or other appropriate early childhood services providers; and
- **If child is found eligible** for early intervention services, an Individualized Family Service Plan (IFSP) will be developed with the family and/or the established caregivers. The CFS case manager is to be involved in the planning meeting. When developmental concerns are identified and need to be addressed as part of the child's well-being, the ITP worker and/or service coordinator should be involved in CFS case plan development. The service coordinator will be assigned to assist with the coordination of services relevant to the child's developmental needs.

- Periodic exchange of information with CFS regarding family's participation and progress including written reports to the court or court testimony (**flowchart - column II, box 8**);
- Document parental participation and child's progress; and
- ITP services may need to continue beyond the involvement of CFS, or if child meets developmental goals, services may be terminated prior to closure of the CFS case.

Consent Issues

- If there is a court case and parent is unable to be located following diligent efforts to locate, invoke the Consent to Assessment and Treatment signed earlier by the parent and begin ITP evaluation services;

OR

- If a court case and parent is unable to be located and no Consent to Assessment and Treatment was signed by the parent, ITP initiates the appointment of a surrogate parent. The surrogate may be the foster parent or other individual who meets the surrogate criteria;

OR

- If a court case and the parents have had their rights terminated (TPR) or are deceased and DHW is the child's guardian, the foster parent who meets criteria may consent "as a parent." If foster parent doesn't meet criteria, ITP initiates the appointment of a surrogate parent.

Periodic review. Each Individualized Family Service Plan will be periodically reviewed with the family and the child's CFS worker, at intervals to be identified in the plan (at least every 6 months) to evaluate the child's and family's progress toward achieving the objectives outlined in the IFSP. The IFSP team will revise the IFSP as needed by developing an addendum or rewriting the plan if additional services or changes in services are required for effective early intervention. It may be necessary for the team to convene on a more frequent basis at the request of the CFS worker, the family, or the service coordinator.

Flowchart follows

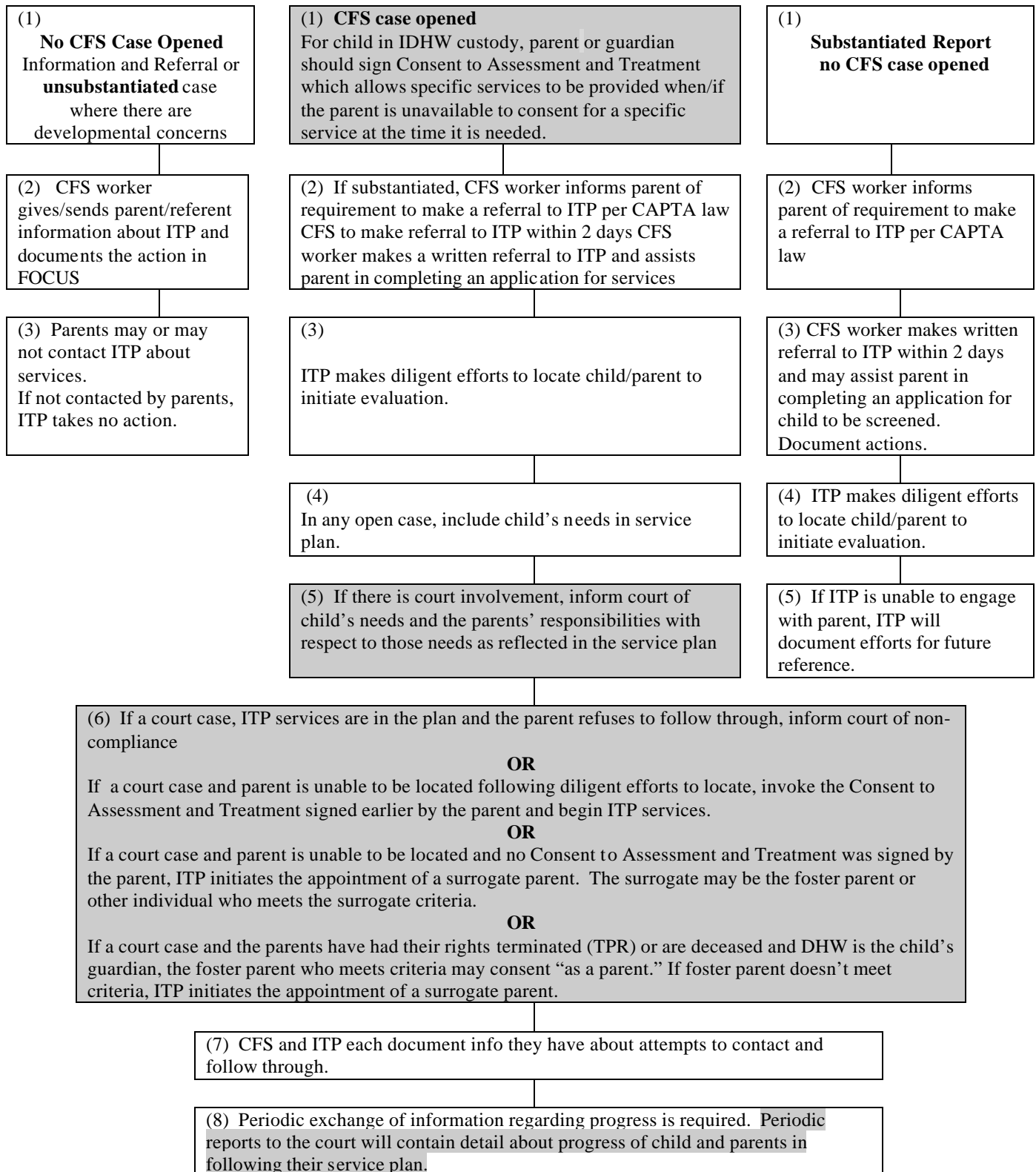
CFS/ITP Referral Flow Chart

Mandatory Referral On All Substantiated Reports of Abuse/Neglect court related steps are shaded

I.

II.

III.



OTHER REQUIRED DOCUMENTATION FOR THIS STANDARD

- (1)** Idaho Infant Toddler Program Referral and Application including consent
(Referral and Application form is attached to this standard)
- (2)** Consent for Assessment and Treatment
(this form is the revised CFS medical/surgical authorization form appears on the Division of Family and Community Services InfoNet page)

Any variance to these standards must will be documented and approved by Division Administration unless otherwise noted.

**Idaho Infant Toddler Program
REFERRAL and APPLICATION**

Child Information			(Form FT-04-2006)
Name	Child's Address	SS # DOB	
Is the child currently enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, MID# _____			
Healthy Connections? <input type="checkbox"/> Yes <input type="checkbox"/> No School District: _____			
Parent/Legal Guardian Information (Specify Mother, Father, Foster Parent, Legal Guardian, other custodian)			
Name	Address	Phone (day) (evening)	
Name	Address	Phone (day) (evening)	
Other Contacts			
Physician	Address	Phone (day) (evening)	
CFS Social Worker	Address	Phone (day) (evening)	
Referral Information			
Person Making Referral	Relationship to Child	Phone (day) (evening)	
List other services provided to child (including other DHW services): _____			
History/Information about child/family or area of concern: _____			
CA/N Substantiated? Y N Open CFS Case? Y N Court Case? Y N			
CONSENT FOR INITIAL EVALUATION(S)			
<p>It is the goal of the Infant Toddler Program to involve the family at all levels of decision making. A brief explanation of evaluations that could be done are on the back of this form. You will be provided a copy of your rights as a parent in the Infant Toddler Program. An explanation of the rights is available in your native language.</p> <p>For children birth to three, you have the right to decline any early intervention service without jeopardizing other early intervention services for your child. You may refuse some evaluations and consent to others.</p> <p>Please check the box below and complete to give permission for evaluations to be completed.</p> <p>Note: No initial evaluations will be conducted without parent consent. If consent is refused, the family will be informed of any known consequences.</p>			
• I give my consent to conduct the following evaluation(s): <i>(See list and description of evaluations on back)</i> _____ Developmental _____ Medical/Social History _____ Social/Emotional _____ Other _____ _____ Other _____ _____ Other _____	• I do not give my consent to conduct the following evaluation(s): _____ _____ _____	Reason(s) for proposed evaluation(s): _____ _____ _____	
<div style="display: flex; justify-content: space-between;"> Parent/Guardian Signature/ Date _____ Parent/Guardian Signature/ Date _____ </div>			
See back for return address and contact information.			
Region ____ Field Office ____ Date Received _____			

Idaho Infant Toddler Program
EVALUATION DESCRIPTIONS

Developmental	Assesses your child's growth in different areas, which may include communication, social and emotional development, fine and gross motor abilities, and other areas of growth.
Medical/Social History	Collects information about your child's medical history.
Social/Emotional	Collects information about your child's social and emotional development. May include rating scales, personal inventories, behavioral observations, and personal interviews.
Communication	Assesses your child's ability to communicate verbally and nonverbally.
Speech	Assesses your child's articulation (speech sounds), voice, fluency, and motor skills for speech.
Language	Assesses your child's receptive (understanding) and expressive (speaking) language skills, including phonology, morphology, syntax, semantics, and pragmatics.
Hearing	Evaluates your child for hearing acuity (ability to hear). Includes pure tone testing, oto-acoustic emissions and impedance testing of middle ear functioning.
Vision	Evaluates your child's visual acuity (ability to see).
Adaptive behavior	Assesses your child's general behaviors at home, school, and community.
Cognitive ability	Assesses your child's ability to learn, problem-solve, comprehend and reason.
Fine and gross motor	Assesses your child's motor (movement) skills and abilities.
Occupational therapy	Assesses your child's fine motor (movement) skills and abilities.
Physical therapy	Assesses your child's gross motor (movement) skills and abilities.
Medical	Determines your child's developmental status and need for services, and may include a physical exam by a physician.
Nursing	Assesses your child's health status and is done by a nurse. This may include identification of health problems.
Nutrition	Reviews your child's nutritional history and dietary intake (what your child eats), growth measurements, feeding skills and feeding problems, food habits and food preferences.

CONTACT INFORMATION

Region	Counties Served	Address	Phone
I (1)	Benewah, Bonner, Boundary, Kootenai, Shoshone	2195 Ironwood Court Coeur d'Alene, ID 83841	(208) 769-1409
II (2)	Clearwater, Idaho, Latah, Lewis, Nez Perce	1350 Troy Highway, Suite 2 Moscow, ID 83843	(208) 799-3460
III (3)	Adams, Canyon, Gem, Owyhee, Payette, Washington	823 Parkcenter Way Nampa, ID 83651	(208) 454-0421
IV (4)	Ada, Boise, Elmore, Valley	1720 Westgate Dr. Suite B Boise, ID 83704	(208) 334-0920
V (5)	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln Minidoka, Twin Falls	PO Box 5579 Twin Falls, ID 83303	(208) 736-2182
VI (6)	Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power	421 Memorial Drive Pocatello, ID 83201	(208) 234-7900
VII (7)	Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	2475 Leslie Ave. Idaho Falls, ID 83403	(208) 525-7223